

**BOARD OF MEDICOLEGAL INVESTIGATIONS
OFFICE OF THE CHIEF MEDICAL EXAMINER**

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OFFICE USE ONLY

Re _____ Co _____

I hereby certify that this is a true and correct copy of the original document. Valid only when copy bears imprint of the office seal.

By KY
Date 11-20-17

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

DECEDENT First-Middle-Last Names (Please avoid use of initials) CHRISTINA TAHHAHWAH	Age 37	Birth Date [REDACTED]	Race AMINDIAN	Sex F
HOME ADDRESS - No. - Street, City, State [REDACTED], ELGIN, OK				
EXAMINER NOTIFIED BY - NAME - TITLE (AGENCY, INSTITUTION, OR ADDRESS) MEGAN GRANT @ COMANCHE COUNTY MEMORIAL			DATE 11/17/2014	TIME 22:30
INJURED OR BECAME ILL AT (ADDRESS) LAWTON JAIL	CITY LAWTON	COUNTY COMANCHE	TYPE OF PREMISES JAIL	DATE 11/13/2014
				TIME Unknown
LOCATION OF DEATH COMANCHE COUNTY MEMORIAL	CITY LAWTON	COUNTY COMANCHE	TYPE OF PREMISES HOSPITAL	DATE 11/17/2014
				TIME 22:10
BODY VIEWED BY MEDICAL EXAMINER 901 NORTH STONEWALL	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES MORGUE	DATE 11/18/2014
				TIME 12:30

IF MOTOR VEHICLE ACCIDENT: ☐ DRIVER ☐ PASSENGER ☐ PEDESTRIANTYPE OF VEHICLE: ☐ AUTOMOBILE ☐ LIGHT TRUCK ☐ HEAVY TRUCK ☐ BICYCLE ☐ MOTORCYCLE ☐ OTHER:

DESCRIPTION OF BODY EXTERNAL PHYSICAL EXAMINATION	RIGOR	LIVOR	EXTERNAL OBSERVATION	BLOOD	NOSE	MOUTH	EARS
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jaw <input type="checkbox"/> Complete <input type="checkbox"/>	Color	Beard	Hair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neck <input type="checkbox"/> Absent <input type="checkbox"/>	Lateral <input type="checkbox"/>	Eyes: Color	Mustache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arms <input type="checkbox"/> Passing <input type="checkbox"/>	Posterior <input type="checkbox"/>	Opacities		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legs <input type="checkbox"/> Passed <input type="checkbox"/>	Anterior <input type="checkbox"/>	Pupils: R _____ L _____					
Decomposed <input type="checkbox"/>	Regional	Body Length _____	Body Weight _____				

Significant observations and injury documentations - (Please use space below)
SEE AUTOPSY PROTOCOL

Probable Cause of Death:

CARDIOMEGALY WITH ISCHEMIC CARDIOVASCULAR DISEASE

Manner of Death:

Natural ☐ Accident ☐
Suicide ☐ Homicide ☐
Unknown ☒ Pending ☐

Case disposition:

Autopsy YES
Authorized by _____
Pathologist CHRYSTAL CUTRER M.D.
Not a medical examiner case ☐

Other Significant Medical Conditions:

OBESITY, HYPERTENSION, PHYSICAL RESTRAINT IN LAW ENFORCEMENT CUSTODY

MEDICAL EXAMINER:

Name, Address and Telephone No.

CHRYSTAL CUTRER M.D.
901 N. STONEWALL
OKLAHOMA CITY, OK 73117

I hereby state that, after receiving notice of the death described herein, I conducted an investigation as to the cause and manner of death, as required by law, and that the facts contained herein regarding such death are true and correct to the best of my knowledge.

Chrystal Cutrer M.D.
Signature of Medical Examiner

CHRYSTAL CUTRER M.D.

Computer generated report

2/20/2015

Date Signed

11/18/2014

Date Generated

1405132

SCENE INFORMATION

DECEDENT: CHRISTINA TAHHAHWAH

Case No. 1405132

SCENE INVESTIGATION: Yes ☐ No ☒ BODY IDENTIFIED BY: MEGAN GRANT (HOSPITAL STAFF)ARRIVAL
DATE:
TIME:

LOCATION OF BODY:

CONDITION OF SCENE:

PHOTOS TAKEN BY:

POSITION OF BODY

(Note the type of surface the body is on, covering, etc..)

CLOTHING (list items)

PERSONAL EFFECTS

ENVIRONMENTAL CONDITIONS: (Temp, Shade, Sunlight, Water, Etc..)

BODY TEMP / SITE TAKEN

ROOM TEMP

RIGOR	JAW	NECK	ARMS	LEGS	ABDOMEN	COMPLETE
ABSENT	RIGID	SOFT	PASSING	PASSED	DECOMP	

LIVOR COLOR: FIXED ☐ NOT FIXED ☐ LATERAL ☐ ANTERIOR ☐ POSTERIOR ☐

PHYSICIAN: DR. OBININRO

LAST SEEN: ATTENDING DR. CONTACTED: YES BY WHOM: HOSPITAL STAFF

MED HX: DIABETES AND SCHIZOPHRENIA

MEDICATIONS:

TYPE OF DEATH:

(Check all that apply)

☒ While in penal incarceration☒ Unattended during fatal illness☐ After unexplained coma☐ Under suspicious circumstances*☐ During therapeutic procedure☐ Violent, unusual or unnatural*☐ Death possible threat to public health

*Means:

Informant(s) MEGAN GRANT @ COMANCHE COUNTY MEMORIAL

Narrative:

THE DECEDENT IS A 37 YEAR OLD AMERICAN INDIAN FEMALE WHO WAS BROUGHT TO COMANCHE COUNTY MEMORIAL ON 11/13/2014 AFTER SHE WAS FOUND UNRESPONSIVE IN THE LAWTON JAIL. ACCORDING TO HOSPITAL STAFF, THE DECEDENT WAS FOUND UNRESPONSIVE IN HER CELL WITH POSSIBLE BLOOD AROUND HER NOSE AND MOUTH. HOSPITAL STAFF COULD NOT INFORM ME AS TO WHETHER THE DECEDENT WAS IN HER CELL BY HERSELF. OCME WILL CONTACT THE LAWTON JAIL ON 11/18/2014 AND FIND OUT MORE INFORMATION. THERE IS NOT BELIEVED TO BE ANY TRAUMA OR FOUL PLAY ACCORDING TO HOSPITAL STAFF. THE DECEDENT HAS A HISTORY OF DIABETES AND SCHIZOPHRENIA. ACCORDING TO LAWTON JAIL, THE DECEDENT WAS BOOKED IN ON 11/13/2014. I WAS ALSO INFORMED BY LAWTON COUNTY JAIL, THE DECEDENT HAS BEEN TO THE JAIL MANY TIMES BEFORE AND HAS BEEN VERY DISRUPTIVE AND KICKS, BANGS, AND PUNCHES STAFF AND PROPERTY. LAWTON COUNTY JAIL ALSO INFORMED ME THAT WHEN AN INMATE BECOMES DISRUPTIVE AND IS KICKING AND PUNCHING, THEY HANDCUFF THE INMATE TO THE CELL BARS. ACCORDING TO LAWTON JAIL, THE DECEDENT WAS HANDCUFFED TO THE JAIL BARS. AT AROUND 0720 HOURS ON 11/13/2014 THE DECEDENT WAS FOUND TO BE SCOOTED FORWARD AWAY FROM THE BARS AND HER HANDS WERE TANGLED BEHIND HER BACK. JAIL OFFICIALS SCOOTED THE DECEDENT BACK INTO A BETTER POSITION. AT AROUND 1145 HOURS ON 11/13/2014 THE DECEDENT WAS AGAIN BANGING THINGS AND JAIL OFFICIALS PUT THE DECEDENT BACK AGAINST THE BARS. AT AROUND 1300 HOURS ON 11/13/2014, THE DECEDENT WAS TALKING TO A TRUSTEE WITH THE JAIL AND ABOUT 5 MINUTES LATER THE DECEDENT WENT UNRESPONSIVE. THE DECEDENT WAS FOUND BY JAIL STAFF TO BE SCOOTED FORWARD AGAIN AND LEANING TO HER SIDE. JAIL OFFICIALS OPENED THE CELL AND STARTED CARDIOPULMONARY RESUSCITATION AND HAD THE DECEDENT TRANSPORTED TO COMANCHE COUNTY MEMORIAL. I WAS ALSO INFORMED THAT THE DECEDENT'S FAMILY HAS STATED THEY WILL BE HAVING A PRIVATE AUTOPSY AS WELL.

DOCTOR: DR. OBININRO- ATTENDING DOCTOR

NOK: LAURA BELTRON (MOTHER)

FUNERAL HOME: COMANCHE NATION

Investigator: SCOTT MORRISON

Signature of Investigator

COL 14897